

Fill in this information to identify the case:

Debtor name **Powell Valley Health Care, Inc.**

United States Bankruptcy Court for the: DISTRICT OF WYOMING

Case number (if known) **16-20326**

Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address			Name	Check all schedules that apply:		
2.1	<input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G		
	Street			City	State	Zip Code	
2.2	<input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G		
	Street			City	State	Zip Code	
2.3	<input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G		
	Street			City	State	Zip Code	
2.4	<input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G		
	Street			City	State	Zip Code	